

# EVIDENCE SEARCH MISSION REQUEST

TO: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION  
ATTENTION: DUTY OFFICER  
FAX: (253) 512-7203  
TEL: 888-849-2727 / 800-258-5990  
E-mail: dutyofficer@emd.wa.gov

FROM: \_\_\_\_\_

SUBJECT: **REQUEST FOR EVIDENCE SEARCH MISSION**

1. JURISDICTION: \_\_\_\_\_

2. AGENCY CONDUCTING SEARCH: \_\_\_\_\_

3. OFFICER IN CHARGE AT SCENE: \_\_\_\_\_

4. DATE, TIME, AND LOCATION OF SEARCH: \_\_\_\_\_

\_\_\_\_\_

5. PURPOSE OF SEARCH : \_\_\_\_\_

\_\_\_\_\_

6. APPROXIMATE NUMBER OF EMERGENCY WORKERS, LISTED BY UNIT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. TRAINING VALUE FOR EMERGENCY WORKERS: \_\_\_\_\_

\_\_\_\_\_

8. I CERTIFY THAT ALL EMERGENCY WORKERS WILL BE UTILIZED AND TRAINED WITHIN THE SCOPE OF THEIR NORMAL EMERGENCY WORKER ASSIGNMENTS.

9. I CERTIFY THIS ACTIVITY DOES **NOT** INVOLVE THE SEARCH FOR, APPREHENSION, DETENTION, OR ARREST OF A PERSON OR PERSONS IN THE ACT OF COMMITTING A CRIME OR WHO ARE SUSPECTED OF HAVING COMMITTED A CRIME.

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TO:

FROM: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION

Approved. # \_\_\_\_-ES-\_\_\_\_

\_\_\_\_\_  
EMD AUTHORIZING SIGNATURE

\_\_\_\_\_  
DATE